A review of addictions-related screening and assessment instruments

Measuring the measurements

AADAC

January, 2004

This document is a summary of two reports compiled for AADAC by external researchers.

In 2002 and 2003, the Alberta Alcohol and Drug Abuse Commission (AADAC) commissioned two reviews of screening and assessment instruments currently available for use in addictions counselling.

AADAC's goal was to gather information about what instruments are available and the merits and limitations of those instruments. AADAC would consider these recommendations when making decisions about the use of screening and assessment instruments in its treatment services.

The contractors, Dr. Cameron Wild and Dr. David Hodgins, prepared two comprehensive reports for AADAC:

1. *Review of screening and assessment instruments: Substance use, gambling and family functioning* Hodgins D., Wild C., Thygesen, K., Cooper E. 2002

   In their report, Hodgins, Wild, et al. review and make recommendations about addiction (alcohol, drugs, gambling) screening and assessment instruments for adults and adolescents. They also examine screening instruments for family functioning that could complement the assessment process.

2. *Review of screening and assessment instruments for women: Substance use and co-occurring disorders* Wild C., Hodgins D., Thygesen K., Curtis, M. 2003

   In their report, Wild, Hodgins, et al. review and make recommendations about addiction (alcohol, drugs, gambling) screening and assessment instruments specific to women. They also review screening instruments for co-occurring disorders.

(For information on receiving a copy of these reports, please visit AADAC's website at **www.aadac.com**)

This report is a summary of these two documents.

BACKGROUND

Why do screening and assessments?

At AADAC, assessment is an ongoing, collaborative process between client and counsellor to determine the existence, severity and impact of a problem. A counsellor can use assessment as a motivational and investigative tool that guides treatment planning. Assessment can be done on three levels:

Screening

Basic assessment

Specialized assessments (usually completed when a client is referred to an external specialist)

What are screening and assessment instruments?

A professional may find a screening instrument helpful when attempting to learn more about whether or not an individual falls into a defined group. For example, an AADAC counsellor might use the Personal Experience Screening Questionnaire (PESQ) when she first meets an adolescent client. The results of the PESQ help the counsellor determine if that adolescent needs addictions counselling.

After a particular problem has been identified in screening, clinicians use assessment instruments to gather more detailed information that help them develop an appropriate plan of action with the client. The clinician and the client typically complete an assessment together over a longer period of time. In our example, the counsellor sits with her client for an hour and asks questions from the assessment form. The client's answers help the counsellor develop an appropriate treatment plan with the client.

How does AADAC use these instruments?

At AADAC, addictions counsellors and clinicians use screening and assessment instruments to identify and monitor addiction issues as well as other related life areas such as psychiatric or family functioning concerns.

Specifically, AADAC prefers to use screening and assessment instruments that gather information on:

- Readiness to change
- Problematic use and severity
- Identification of problematic areas for further assessment
- Treatment planning
- Referral
- Major life areas
- Client history
- Safety and environmental factors

What do these screening and assessment instruments measure?

Substance Use or Gambling Behaviour

Most of the instruments reviewed here are categorized according to the substance or behaviour they measure: alcohol, drugs, or tobacco use or gambling behaviour. Instruments that measure more than one substance (alcohol and drug use, for example) are categorized as "substance use" instruments.

Family Functioning

Family functioning instruments are used to assess family structure, dynamics and general functioning.

Co-occurring Disorders

Often, psychiatric conditions exist alongside (or "co-occur" with) addictions problems. To develop the most effective treatment plan with the client, it is helpful for addictions counsellors to screen for co-occurring disorders as part of the assessment process.

What is Core or Optional use?

Dr. Hodgins, Dr. Wild and their colleagues recommend instruments for either "core" or "optional" use at AADAC. They recommend that counsellors use core instruments with all clients and optional instruments when they fit with a client's needs.

THE INSTRUMENT REVIEW PROCESS

How were the instruments reviewed?

Dr. Hodgins, Dr. Wild and their research colleagues searched electronic databases for academic articles on screening and assessment instruments, and from these articles developed a list of recommended instruments. They systematically reviewed the instruments by first obtaining abstracts of the articles, then making an initial judgment about the articles' relevance to the instrument review. They then retrieved the relevant articles and summarized key information into a standard template.

Limitations of the review process

Dr. Hodgins, Dr. Wild and their colleagues caution that they may have missed some relevant instruments due to several factors:

- Some measures lack a clear link to either screening or assessment, making their selection for review difficult.
- Lesser-known or newer measures are difficult to locate and may have been missed in the review process.
- Because there is an abundance of instruments within substance use literature, it is possible that the authors overlooked some relevant measures.
- Supporting documentation may be limited or unavailable for retrieval.

How did Hodgins, Wild, et al. evaluate the instruments they chose?

Psychometric Measures

Dr. Hodgins, Dr. Wild and their colleagues frequently use psychometric measures as a means of evaluating the usefulness of each instrument. Throughout the review, they make references to the following psychometric measurements:

- Validity: the instrument measures what it is supposed to measure and can be generalized to the population it is meant to measure.
- Reliability: the instrument is consistent and stable in measuring what it is supposed to measure.
- Sensitivity: the probability that a person who should test positive, does so.
- Specificity: the ability to identify true negative cases, i.e. an instrument correctly measures those who do not have the problem being screened for or assessed.

What about the instruments that were not recommended?

Drs. Hodgins and Wild did not recommend any instruments that did not meet the following parameters (as defined by AADAC):

Conform to time limitations

- Screening instruments completed by the client in approximately 10 minutes
- Adult assessment instruments completed in 45 minutes

- Youth assessment instruments completed in 135 minutes
- Can be used by a variety of practitioners with a variety of educational backgrounds
- Assess major life areas and gather relevant information (see page 4, *How does AADAC use these instruments?*)

Further, Hodgins, Wild and their colleagues did not recommend instruments that did not have strong psychometric evidence or were not tested among substance use populations (or in the case of the second report, among women).

For a full examination of all the instruments evaluated for this review, please refer to the complete reports *Review of screening and assessment instruments: Substance use, gambling and family functioning* and *Review of screening and assessment instruments for women: Substance use and co-occurring disorders.*

Review of Screening and Assessment Instruments: Substance use, gambling and family functioning

A total of 138 instruments were identified and considered for review. Of those, 99 were considered strong enough to be fully evaluated. In total, the authors recommended 33 instruments for either core or optional use.

Listed below are categories of screening and assessment instruments. They are further categorized as either "Core" or "Optional" instruments. Each instrument either screens or assesses the following:[1]

- Alcohol use
- Drug use
- Substance use (where more than one substance is measured)
- Gambling
- Family functioning

1. Adult screening instruments

CORE

- Alcohol Dependence Scale (ADS): alcohol use
- Drug Abuse Screening Test (DAST): drug use
- Leeds Dependence Questionnaire (LDQ): substance use

OPTIONAL

- Alcohol Use Disorders Identifications Test (AUDIT): alcohol use
- Composite International Diagnostic Interview (CIDI): alcohol use
- Impaired Control Scale (ICS): alcohol use
- Screening, Women and Alcohol in Goteborg (SWAG): alcohol use
- T-ACE: alcohol use
- Brief Intake Interview from Texas Christian University: substance use

2. Adult assessment instruments

CORE

- No core instruments recommended

OPTIONAL

- Inventory of Drinking Situations (IDS): alcohol use
- Negative Alcohol Expectancy Questionnaire (NAEQ): alcohol use
- Obsessive-Compulsive Drinking Scale (OCDS): alcohol use
- Situational Confidence Questionnaire (SCQ): alcohol use
- Yale-Brown Obsessive Compulsive Drinking Scale - Modified: alcohol use
- Opiate Treatment Index (OTI): drug use
- Texas Christian University Motivation Scales: substance use
- Treatment Entry Questionnaire (TEQ): substance use

[1] Instruments for screening and assessing tobacco use were not included.

3. Adolescent screening instruments

CORE

Personal Experience Screening Questionnaire (PESQ): substance use

OPTIONAL

Perceived Benefits of Drinking and Drug Use Scale: substance use

4. Adolescent assessment instruments

CORE

Youth Intake Form from the Texas Christian University Adolescent Instrument Package: substance use

OPTIONAL

Decisional Balance Inventory: alcohol use

Personal Experience Inventory (PEI): drug use

Personal Experience Inventory - Parent Version (PEI-PV): drug use

5. Adult gambling screening instruments

CORE

No core instruments recommended

OPTIONAL

CPGI Problem Gambling Index

6. Adult gambling assessment instruments

CORE

Admission Questionnaire Module: Gambling Treatment Outcome Monitoring System (GATOMS)

OPTIONAL

Inventory of Gambling Situations (IGS 1.0)

7. Youth gambling screening and assessment instruments

No instruments recommended as core or optional

8. Family screening instruments

CORE

No core instruments recommended

OPTIONAL

POSIT Family Functioning Screen

Victorian Gambling Screen: Harm to Partner Scale

9. Family assessment instruments

CORE

No core instruments recommended

OPTIONAL

Family Adaptability and Cohesion Evaluation Scales (FACES II)

Family Assessment Measure (FAM III)

Family Environment Scale

GATOMS Significant Other Questionnaire

McMaster Family Assessment Device (FAD)

1. Adult screening instruments

Core Instruments

SCREENING INSTRUMENT	MERITS	LIMITATIONS	ORDER INFORMATION
Alcohol Dependence Scale (ADS) **Alcohol**	• Brief • Validated in relation to DSM (Diagnostic and Statistical Manual of Mental Disorders) and ICD (International Statistical Classification of Diseases and Related Health Problems) dependence criteria • Currently used by AADAC	• Cost for use • Limited to alcohol dependence assessment only	© 1984, J.L. Horn, H.A. Skinner, K. Wanberg, and F.M. Foster and the Alcoholism and Drug Addiction Research Foundation, Toronto, Canada. http://www.camh.net/publications/clinicaltoolsandassessments.html
Drug Abuse Screening Test (DAST) **Drugs**	• Brief • Validated in relation to DSM and ICD dependence criteria • Currently used by AADAC	• Cost for use • Focuses on adverse consequences only	© 1982, H.A. Skinner and the Centre for Addiction and Mental Health. E-mail: marketing@camh.net This instrument may be reproduced for non-commercial use (clinical, research, training purposes) as long as the author is credited.
OR for use as a no cost alternative:			
Leeds Dependence Questionnaire (LDQ) **Substance use**	• Multipurpose screener for alcohol and other drug dependence • No cost for use	• Limited use in research context	D. Raistrick and G. Tober Leeds Addiction Unit 19 Springfield Mount Leeds LS2 9NG UK (Dr. Wendy Middleton) wendy@lau.org.uk http://eibdata.emcdda.eu.int/Treatment/Outcome/itldg.htlm

Optional Instruments

SCREENING INSTRUMENT	MERITS	LIMITATIONS	ORDER INFORMATION
Alcohol Use Disorders Identifications Test (AUDIT) **Alcohol**	• Considers broad conception of alcohol-related problems • A well researched screening tool • Widely used	• Designed for early detection of alcohol problems in the general population (**not** in a treatment population)	© WHO Programme on Substance Abuse World Health Organization 1211 Geneva, Switzerland Test and manual are free. Cost for training module
Composite International Diagnostic Interview (CIDI) **Alcohol**	• Multipurpose screener: addresses alcohol and other drug abuse • Validated in relation to DSM and ICD dependence criteria • Cross-cultural applicability	• Training required for use • Establishes dependence only	© WHO American Psychiatric Press, Inc. Washington, DC 1-800-368-5777 Cost for interview forms and manual
Impaired Control Scale (ICS) **Alcohol**	• Good psychometrics • May be used for research or evaluation questions	• A very specialized assessment tool (limited to impaired control)	Published in a copyrighted journal. *Journal of Studies on Alcohol* 54(6): 700-709, 1993 No cost
Screening, Women and Alcohol in Goteborg (SWAG) **Alcohol**	• May be particularly good for female clients • Shows promising sensitivity	• Clinical utility is untested	© Alcoholism: Clinical and Experimental Research *Alcoholism: Clinical and Experimental Research*, 20(4): 723-731, 1996
T-ACE **Alcohol**	• Brief (4 items) • Sensitive	• Does not distinguish moderate from heavy drinking • Limited use: pregnant women only	Copyrighted. Permission required to publish S. Martier, Ob/Gyn 4707 Saint Antoine Detroit, MI 48201
Brief Intake Interview from Texas Christian University **Substance use**	• Includes a variety of demographic, family history, social background items, etc.	• Clinician administered • Takes approximately 30 minutes to complete	© 2002 TCU Institute of Behavioral Research, Fort Worth Texas. All rights reserved http://www.ibr.tcu.edu/pubs/datacoll/Forms/bi.pdf

2. Adult assessment instruments

No core instruments were recommended.

Optional Instruments

ASSESSMENT INSTRUMENT	MERITS	LIMITATIONS	ORDER INFORMATION
Inventory of Drinking Situations (IDS) **Alcohol**	• Comprehensive • Has a good research record	• Used as part of the Addiction Research Foundation (CAMH) treatment planning process. Unsure how this could be implemented within other organizations	© Helen M. Annis and the Addiction Research Foundation Marketing Addiction Research Foundation 33 Russell Street Toronto, Canada M5S 2S1 Cost for questionnaire
Negative Alcohol Expectancy Questionnaire (NAEQ) **Alcohol**	• Psychometrically strong • A promising tool • Has some research support	• Limited overall utility due to narrow focus on negative expectancies	© J. McMahon and B.T. Jones Department of Psychology University of Glasgow Glasgow, UK G12 8QQ Cost for handling
Obsessive-Compulsive Drinking Scale (OCDS) **Alcohol**	• Brief • Examines an aspect of alcohol dependence	• No psychosocial context provided • Narrow focus	© Alcoholism: Clinical and Experimental Research c/o Marcus Rothschild VA Medical Center Hepatology Section/111H 1201 NW 16th Street Miami, FL 33125
Situational Confidence Questionnaire (SCQ) **Alcohol**	• Extensively researched	• Assesses only self-efficacy	© Helen M. Annis and the Addiction Research Foundation Marketing Addiction Research Foundation 33 Russell Street Toronto, Canada M5S 2S1 Cost for questionnaire
Yale-Brown Obsessive-Compulsive Drinking Scale, modified **Alcohol**	• May be helpful for tailoring treatment interventions	• No reliability studies done • Limited to alcohol users only	Published in a copyrighted journal. *Alcoholism: Clinical and Experimental Research*, 1992
Opiate Treatment Index (OTI) **Drugs**	• Brief	• Narrow focus (opiate users only)	Published in a copyrighted journal. *British Journal of Addiction* 87(5): 733-42, 1992 National Drug and Alcohol Research Centre University of New South Wales Kensington, Australia

Texas Christian University Motivation Scales **Substance use**	• Brief • Strong research record	• Originally developed for methadone clients. Limited use for other treatment clients	© 2002, TCU Institute of Behavioral Research, Fort Worth, Texas. All rights reserved http://www.ibr.tcu.edu/pubs/datacoll/Forms/cesi-mot.pdf
Treatment Entry Questionnaire (TEQ) **Substance use**	• Brief	• Limited use to date	© 1997, Addiction Research Foundation. Marketing Addiction Research Foundation 33 Russell Street Toronto, Canada M5S 2S1

3. Adolescent screening instruments

Core Instruments

SCREENING INSTRUMENT	MERITS	LIMITATIONS	ORDER INFORMATION
Personal Experience Screening Questionnaire (PESQ) **Substance use**	• Less time consuming than other instruments • Currently used at AADAC • Supported by adequate research • Comprehensive	• Cost for use	© 1991, Western Psychological Service by Ken C. Winters, Ph.D. Western Psychological Services 12031 Wilshire Boulevard Los Angeles, CA 90025-1251 310-478-2061 https://www-secure.earthlink.net/www.wpspublish.com/Inetpub4/catalog/W-271.htm

Optional Instruments

SCREENING INSTRUMENT	MERITS	LIMITATIONS	ORDER INFORMATION
Perceived Benefits of Drinking and Drug Use Scale **Substance use**	• Brief • Non-threatening • Perceived benefits may be important to track for treatment planning • May be useful for those reluctant to disclose problematic use of alcohol and drugs • Covers both alcohol and other drug use	• Not comprehensive: focuses only on perceived benefit of using alcohol or other drugs • Limited psychometric information	No copyright. No cost. *Journal of Pediatrics* 110: 977-981, 1987

4. Adolescent assessment instruments

Core Instruments

ASSESSMENT INSTRUMENT	MERITS	LIMITATIONS	ORDER INFORMATION
Youth Intake Form from the Texas Christian University Adolescent Instrument Pkg. **Substance use**	• 55-item clinician-completed form • Comprehensive approach to screening • Extensive social background and drug use information	• May be too lengthy to be practical in clinical settings	Texas Christian University (TCU) TCU/PMES is not copyrighted and permission to photocopy is granted without special permission. http://www.ibr.tcu.edu/pubs/datacoll/Forms/pmescif.pdf

Optional Instruments

ASSESSMENT INSTRUMENT	MERITS	LIMITATIONS	ORDER INFORMATION
Decisional Balance Inventory **Alcohol**	• Assesses perceived pros and cons of alcohol use • Brief • Could be used for treatment planning	• Not useful for screening or severity issues	© 1994-2002. University of Rhode Island. All Rights Reserved http://www.uri.edu/research/cprc/Measures/Alcohol04.htm
Personal Experience Inventory (PEI) **Drugs**	• Written at Grade 6 comprehension level • Comprehensive	• Takes one hour to complete	© 1988. Saint Paul Foundation Western Psychological Services 12031 Wilshire Boulevard Los Angeles, CA 90025-1251 https://www-secure.earthlink.net/www.wpspublish.com/Inetpub4/catalog/W-229.htm
Personal Experience Inventory - Parent Version (PEI-PV) **Drugs**	• Can be used in conjunction with the PEI to assess agreement between parents and adolescents seeking treatment	• Unclear how this instrument could be used by clinicians in treatment planning	Published in a copyrighted journal. *Journal of Psychoactive Drugs*, 32: 3-13, 2000. Haight-Ashbury Publications 612 Clayton Street San Francisco, CA 94117

5. Adult gambling screening instruments

No core instruments were recommended.

Optional Instruments

SCREENING INSTRUMENT	MERITS	LIMITATIONS	ORDER INFORMATION
CPGI Problem Gambling Index	• Has more psychometric data than other new instruments • Becoming widely used across Canada and elsewhere • Continuum of gambling: no problems, low risk, moderate risk, clear problems	• Not validated for clinicians, but potential is good	Harold Wynne (780) 488-5566 hwynne@wynne.com

6. Adult gambling assessment instruments

Core Instruments

ASSESSMENT INSTRUMENT	MERITS	LIMITATIONS	ORDER INFORMATION
Admission Questionnaire Module: Gambling Treatment Outcome Monitoring System (GATOMS)	• Good reliability among problem gambling treatment populations • Developed as clinical assessment and outcome monitoring tool • Comprehensive coverage of clinically important domains (SOGS and DSM) • No interviewer training required	• No Canadian norms • No psychometrics beyond those from the initial development of the instrument • Expensive to implement	Randy Stinchfield, Ph.D., LP randy@lenti.med.umn.edu

Optional Instruments

ASSESSMENT INSTRUMENT	MERITS	LIMITATIONS	ORDER INFORMATION
Inventory of Gambling Situations (IGS 1.0)	• Provides clinicians with a list of situations associated with past gambling (aids in skill development and relapse prevention)	• Cost for use • Complex scoring • Lengthy for a clinical tool	Published by the Centre for Addiction and Mental Health 33 Russell Street Toronto, Canada M5S 2S1

7. Youth gambling screening and assessment instruments

Hodgins, Wild, et al. recommend that AADAC consider conducting further validation of the AADAC Youth Gambling Screen and adopt it for routine screening.

No youth gambling assessment instruments were located.

8. Family screening instruments

No core instruments were recommended.

Optional Instruments

SCREENING INSTRUMENT	MERITS	LIMITATIONS	ORDER INFORMATION
POSIT Family Functioning Screen	• Brief (3 items) • Validated for use among adolescents	• No Canadian norms • Meant for use with the entire POSIT scale	No copyright or cost Request the DHHS Publication No. (ADM) 91-1735 from: National Clearinghouse for Alcohol and Drug Information PO Box 2345 Rockville, MD 20847-2345
Victorian Gambling Screen: Harm to Partner Scale	• Brief (3 items) • Adopt as routine screening instrument for problem gamblers • Careful processes have been followed in the development of this instrument	• Not validated for Canadians	Public domain No cost

9. Family assessment instruments

No core instruments were recommended.

Optional Instruments

ASSESSMENT INSTRUMENT	MERITS	LIMITATIONS	ORDER INFORMATION
Family Adaptability and Cohesion Evaluation Scales (FACES II)	• Used widely • Good theoretical model	• No limitations identified	© D. H. Olson, J. Portner, Y. Lavee Can be duplicated with the permission of the authors for research purposes Family Inventories Project Family Social Science University of Minnesota 290 McNeal Hall St. Paul, MN 55108
Family Assessment Measure (FAM III)	• Used widely • Good psychometric qualities • Developed in Canada • Brief version available (14 items)	• May not be sensitive to change • Cost for use	H.A Skinner, P.D. Steinhauer, J. Santa-Barbara Published by Multi Health Systems 3770 Victoria Park Ave. Toronto, ON M2H 3M6 http://www.mhs.com/onlineCat/product.asp?productID=FAM-III
Family Environment Scale	• Used widely • Can be used for outcome monitoring	• Cost for use	Rudolf Moos Published by Mind Garden 1690 Woodside Road Suite #202 Redwood City, CA 94061 www.mindgarden.com
GATOMS Significant Other Questionnaire	• No interviewer training required	• Expensive to implement	Randy Stinchfield, Ph.D., LP randy@lenti.med.umn.edu
McMaster Family Assessment Device (FAD)	• Used widely • Developed in Canada • Can be used for outcome monitoring	• Designed for individuals 12 years of age and older	© N.B. Epstein, L.M. Baldwin, D.S. Bishop Brown University/Butler Hospital Family Research Program Butler Hospital 345 Blackstone Road Providence, RI 02906

Review of Screening and Assessment Instruments for Women: Substance use and co-occurring disorders

A total of 202 instruments were identified and considered for review. Of those, 50 were considered strong enough to be fully evaluated. In total, Wild, Hodgins, et al. recommended 26 instruments for either core or optional use.

These instruments are reviewed within three categories:

1. Substance use screening instruments for women

Core

Alcohol Use Disorders Identifications Test (AUDIT) quantity and frequency questions: alcohol use

TWEAK: alcohol use

CAGE-AID: drug use

CTUMS 6 items: tobacco use

Optional

Alcohol Use Disorders Identifications Test (AUDIT): alcohol use

Rapid Alcohol Problems Screen 4 - Quantity/Frequency: alcohol use

T-ACE: alcohol use

Combined MAST/DAST: drug use

Drug Abuse Screening Test (DAST): drug use

5Ps: substance use

Readiness and Motivation Scale: tobacco use

Smoking and Women Questionnaire: tobacco use

2. Substance use assessment instruments for women

Core

Psychosocial History (PSH): alcohol use

Optional

Inventory of Drinking Situations (IDS): alcohol use

Negative Alcohol Expectancy Questionnaire (NAEQ): alcohol use

Yale-Brown Obsessive Compulsive Scale–Modified: alcohol use

Drug Taking Confidence Questionnaire (DTCQ): drug use

Opiate Treatment Index (OTI): drug use

Allen Barriers to Treatment (ABTI): substance use

Inventory of Drug Taking Situations (IDTS): substance use

Inventory of Drug Use Consequences (InDUC): substance use

Texas Christian University Motivation Scales: substance use

Treatment Entry Questionnaire (TEQ): substance use

3. Co-occurring disorders screening instruments for women

Core

Beck Depression Inventory II (BDI-II): depression

PTSD Symptom Scale Self Report: trauma

Optional

Symptom Checklist - 90 Revised (SCL-90-R): psychiatric distress

1. Substance use screening instruments for women

Core Instruments

SCREENING INSTRUMENT	MERITS	LIMITATIONS	ORDER INFORMATION
Alcohol Use Disorders Identifications Test (AUDIT) quantity & frequency questions **Alcohol**	• Three questions in total • Have been examined as a separate scale and perform well • Use these items to supplement TWEAK when quantity and frequency information is important	• Screens for alcohol only	© WHO Test and manual are free. Cost for training module Programme on Substance Abuse World Health Organization 1211 Geneva, Switzerland
TWEAK **Alcohol**	• Extensively tested in prenatal and female populations • Outperforms the CAGE and MAST instruments • Psychometric performance compares to AUDIT and T-ACE, although recent research suggests TWEAK is more sensitive than T-ACE • Sensitivity may increase with the addition of smoking items (quantity/frequency)	• Does not distinguish moderate from heavy drinking • Preliminary data suggests TWEAK may be more sensitive for men than for women (i.e. the instrument is more likely to detect change in men than women)	No copyright No cost Copies available from: Marcia Russell, Ph.D. Research Institute on Addictions 1021 Main Street Buffalo, NY 14203 716-887-2507
CAGE-AID **Drugs**	• Derived from widely used alcohol screening instrument (CAGE) • Good reliability and validity among pregnant women • Good sensitivity and specificity in detecting use of "heavy" drugs (cocaine, methamphetamines, heroin, PCP, etc.) • Scoring cut point of 1 maximizes sensitivity and specificity	• Low sensitivity for use of marijuana and other "light" drugs (uppers, tranquillizers, sleeping pills, codeine, painkillers, sedatives, etc.)	Published in journal. *Wisconsin Medical Journal* 94(3): 135-140, 1995.
CTUMS six items **Tobacco**	• Determines current smoking status • Designed to provide Health Canada with reliable data on tobacco use and related issues	• Not specific to women (either pregnant or non-pregnant)	Statistical Reference Centre (National Capital Region) R.H. Coats Building, Lobby Holland Avenue Ottawa, Ontario K1A 0T6

Optional Instruments

SCREENING INSTRUMENT	MERITS	LIMITATIONS	ORDER INFORMATION
Alcohol Use Disorders Identifications Test (AUDIT) **Alcohol**	• Considers broad conception of alcohol-related problems • A more comprehensive screen than TWEAK • Performs adequately compared to new short screens (i.e. TWEAK)	• Less sensitive to women at traditional cut point; current studies call for further work on lower cut points • Abbreviated versions have not been tested on women	© WHO Test and manual are free. Cost for training module Programme on Substance Abuse World Health Organization 1211 Geneva, Switzerland
Rapid Alcohol Problems Screen 4—Quantity/ Frequency **Alcohol**	• Differentiates between alcohol dependence and alcohol abuse • Promising psychometric data • Includes items from AUDIT, B-MAST, CAGE, and TWEAK	• Requires further study in different settings as it has only been studied in large general population samples • Recently developed, therefore has not been extensively evaluated	Published in a copyrighted journal. *Journal of Studies on Alcohol* 61: 447-449.
T-ACE **Alcohol**	• Tested extensively in prenatal populations • Psychometric performance compares to the TWEAK, although recent research suggests that TWEAK is more sensitive than T-ACE	• Does not distinguish moderate from heavy drinking • Psychometrics improve when administered as embedded in CAGE and MAST screens; slight decrease in sensitivity when administered without CAGE and MAST	Copyrighted. Permission required to publish S. Martier, Ob/Gyn 4707 Saint Antoine Detroit, MI 48201
Combined MAST/DAST **Drugs**	• Useful in clinical settings • Performs well in comparison to the full-length DAST	• Psychometrics require further validation	Published in a copyrighted journal.
Drug Abuse Screening Test (DAST) **Drugs**	• Specific to drug use • Psychometric findings for women appear consistent with those for men	• 10-item version has not yet been tested on general populations • Use in screening context is limited	© 1982, H.A. Skinner and the Centre for Addiction and Mental Health, Toronto, Canada. This instrument may be reproduced for non-commercial use (clinical, research, training purposes) as long as the author is credited. Centre for Addiction and Mental Health marketing@camh.net

5Ps **Substance use**	• Easy to administer and score • Useful in clinical settings (can act as a tool to engage clients) • Considers alcohol and drug use • U.S. evaluations have found that community health staff (with a variety of educational backgrounds) is pleased with training, administration, and use of the 5Ps	• Current use is limited to pregnant women in prenatal settings (5Ps is used as part of an intake questionnaire) • Instrument has not been studied or psychometrically validated • Generally limited in scope but useful in examining specific aspects of substance use	Hope Ewing, M.D., MSEd. Project Director Contra Costa County Health Services Born Free Project 111 Allen Street Martinez, CA 94553
Readiness and Motivation Scale **Tobacco**	• Designed specifically for use in prenatal, family planning and well-child public health clinics • Written at low-literacy level • Sensitive to changes in readiness and motivation across a continuum • Scope is broad for screening purposes	• Examines only readiness and motivation	Published in a copyrighted journal. *Addictive Behaviors* 19: 497-507.
Smoking and Women Questionnaire **Tobacco**	• Designed specifically for women • Designed for use in the development of individualized smoking cessation and/or maintenance programs • Considers a large range of constructs • Preliminary psychometric findings are promising, but further validation is required • Has yielded similar results across ethnic groups • Scope is broad for screening purposes	• Requires further research on appropriate scoring cut point(s)	Published in a copyrighted journal. *Public Health Nursing* 12(2): 117-126.

2. Substance use assessment instruments for women

Core Instruments

ASSESSMENT INSTRUMENT	MERITS	LIMITATIONS	ORDER INFORMATION
Psychosocial History (PSH) **Alcohol**	• Based on the Addiction Severity Index (a widely used assessment tool in both research and practice) • Relevant to the needs of women (e.g., family relationships, health issues, pregnancy, violence)	• Length (takes about 120 minutes to administer)	Dr. Karol Kaltenbach, Professor Thomas Jefferson University Thomas Jefferson Univ. Medical College 1201 Chestnut Street, 9th Floor Philadelphia, PA 19107

Optional Instruments

ASSESSMENT INSTRUMENT	MERITS	LIMITATIONS	ORDER INFORMATION
Inventory of Drinking Situations (IDS) **Alcohol**	• Good psychometrics when tested on women • Inventory of Drug Taking Situations is often used in place of (or in combination with) this instrument • Performs as well for women as for men	• Not designed specifically for women • Generally limited in scope but useful in examining specific aspects of substance use	© H.M. Annis and the Addiction Research Foundation. Addiction Research Foundation 33 Russell Street Toronto, Canada M5S 2S1
Negative Alcohol Expectancy Questionnaire (NAEQ) **Alcohol**	• Useful in assessment of a user's expected consequences of alcohol use • Performs as well for women as for men	• Not designed specifically for women • Generally limited in scope but useful in examining specific aspects of substance use	© J. McMahon and B.T. Jones, Department of Psychology, Glasgow University J. McMahon or B.T. Jones Department of Psychology University of Glasgow Glasgow UK G12 8QQ
Yale-Brown Obsessive Compulsive Scale - Modified **Alcohol**	• Useful in assessment of obsessive-compulsive characteristics in alcohol dependent populations • Performs as well for women as for men	• Not designed specifically for women • Generally limited in scope but useful in examining specific aspects of substance use	Published in a copyrighted journal *Alcoholism: Clinical and Experimental Research*, 1992

Drug Taking Confidence Questionnaire (DTCQ) **Drugs**	• Useful in assessing an individual's expectation about their success in dealing with alcohol and other drug use • Performs as well for women as for men	• Not designed specifically for women • Generally limited in scope but useful in examining specific aspects of substance use	© 1997, H.M. Annis, N.E. Truner and S.M. Sklar. Centre for Addiction and Mental Health marketing@camh.net
Opiate Treatment Index (OTI) **Drugs**	• May be of use for AADAC's Opiate Dependence Program • Performs as well for women as for men	• Not specifically tested on women • Generally limited in scope but useful in examining specific aspects of substance use	Published in a copyrighted journal. *British Journal of Addiction*, 87: 733-742, 1992.
Allen Barriers to Treatment (ABTI) **Substance use**	• Designed to assess barriers to treatment for addicted women • Instrument has good research potential (e.g., understanding why substance abusing women do not seek treatment)	• Because the instrument is specific to barriers to treatment, it has limited utility for clinical assessment purposes	Published in a copyrighted journal. *International Journal of Addictions*, 29: 429-444, 1994.
Inventory of Drug Taking Situations (IDTS) **Substance use**	• Parallel instrument to Inventory of Drinking Situations (IDS) • Good psychometrics on women • Used for clinical assessment purposes at the Breaking the Cycle program	• Reliability and validity with women has not been demonstrated • Generally limited in scope but useful in examining specific aspects of substance use	© H.M. Annis, N.E. Turner and S.M. Sklar. Centre for Addiction and Mental Health marketing@camh.net
Inventory of Drug Use Consequences (InDUC) **Substance use**	• Useful in assessing adverse consequences of alcohol and drug abuse • Performs as well for women as for men	• Not designed specifically for women • Generally limited in scope but useful in examining specific aspects of substance use	Centre for Addiction and Mental Health marketing@camh.net
Texas Christian University Motivation Scales **Substance use**	• Useful in assessment of motivation for substance use treatment • Performs as well for women as for men	• Not designed specifically for women • Generally limited in scope but useful in examining specific aspects of substance use	© 2002 TCU Institute of Behavioral Research, Fort Worth, Texas. All rights reserved.
Treatment Entry Questionnaire (TEQ) **Substance use**	• Useful in assessment of reasons for seeking treatment • Performs as well for women as for men	• Not designed specifically for women • Generally limited in scope but useful in examining specific aspects of substance use	© Addiction Research Foundation Addiction Research Foundation 33 Russell Street Toronto, Canada M5S 2S1

3. Co-occurring disorders screening instruments for women

Core Instruments

SCREENING INSTRUMENT	MERITS	LIMITATIONS	ORDER INFORMATION
Beck Depression Inventory-II (BDI-II) **Depression**	• Includes cut points for scoring • Correlates with the Beck Anxiety Inventory • Appropriate for AADAC assessment needs • Easily scored and interpreted	• Narrow focus (depression only)	© A.T. Beck, R.A. Steer, G.K. Brown The Psychological Corporation: www.psychcorp.com
PTSD Symptom Scale Self-Report **Trauma**	• Designed specifically to assess PTSD in substance use populations • Provides broad assessment of trauma • Strong psychometric support	• Does not assess Criterion A of DSM diagnostic criteria for PTSD (Criterion A: Direct or indirect exposure to an extreme traumatic stressor with a response of intense fear, helplessness and horror)	Published in a copyrighted journal. *The Behavioral Therapist*, 16: 161-162, 1993. Sherry Falsetti, Ph.D. Medical University of South Carolina Crime Victims Research and Treatment Center 171 Ashley Avenue Charleston, SC 29425-0742

Optional Instruments

SCREENING INSTRUMENT	MERITS	LIMITATIONS	ORDER INFORMATION
Symptom Checklist-90-Revised (SCL-90-R) **Psychiatric distress**	• Provides an overall measure of distress • Identifies almost all cases of psychiatric distress • Includes cut points • Widely used in research and clinical practice	• Short versions not tested on substance use populations • 50% of those identified are not cases of psychiatric distress (i.e. instrument has poor specificity)	© L. R. Derogatis, Ph.D. Pearson Assessments: http://assessments.ncspearson.com/assessments/tests/sc190r.htm

Where can I get this instrument?

Please refer to the order information on the pages listed below.

INSTRUMENT NAME	PAGE
5 Ps	22
Admission Questionnaire Module: Gambling Treatment Outcome Monitoring System (GATOMS)	15
Alcohol Dependence Scale (ADS)	10
Alcohol Use Disorders Identifications Test (AUDIT)	11 & 21
Alcohol Use Disorders Identifications Test (AUDIT) quantity and frequency questions	20
Allen Barriers to Treatment (ABTI)	24
Beck Depression Inventory II (BDI-II)	25
Brief Intake Interview from Texas Christian University	11
CAGE-AID	20
Combined MAST/DAST	21
Composite International Diagnostic Interview (CIDI)	11
CPGI Problem Gambling Index	15
CTUMS	20
Decisional Balance Inventory	14
Drug Abuse Screening Test (DAST)	10 & 21
Drug Taking Confidence Questionnaire (DTCQ)	24
Family Adaptability and Cohesion Evaluation Scales (FACES II)	17
Family Assessment Measure (FAM III)	17
Family Environment Scale	17
GATOMS Significant Other Questionnaire	17
Impaired Control Scale (ICS)	11
Inventory of Drinking Situations (IDS)	12 & 23
Inventory of Drug Taking Situations (IDTS)	24
Inventory of Drug Use Consequences (InDUC)	24
Inventory of Gambling Situations (IGS 1.0)	15
Leeds Dependence Questionnaire (LDQ)	10
McMaster Family Assessment Device (FAD)	17
Negative Alcohol Expectancy Questionnaire (NAEQ)	12 & 23
Obsessive-Compulsive Drinking Scale (OCDS)	12

Opiate Treatment Index (OTI) ..... 12 & 24
Personal Experience Screening Questionnaire (PESQ) 13
Perceived Benefits of Drinking and Drug Use Scale 13
Personal Experience Inventory (PEI) 14
Personal Experience Inventory – Parent Version (PEI-PV) 14
POSIT Family Functioning screen 16
Psychosocial History (PSH) 23
PTSD Symptom Scale Self Report 25
Rapid Alcohol Problems Screen 4 – Quantity/Frequency 21
Readiness and Motivation Scale 22
Screening, Women and Alcohol in Goteborg (SWAG) 11
Situational Confidence Questionnaire (SCQ) 12
Smoking and Women Questionnaire 22
Symptom Checklist – 90 Revised (SCL-90-R) 25
T-ACE ..... 11 & 21
Texas Christian University Motivation Scales ..... 13 & 24
Treatment Entry Questionnaire (TEQ) ..... 13 & 24
TWEAK 20
Victorian Gambling Screen: Harm to Partner Scale 16
Yale-Brown Obsessive Compulsive Drinking Scale – Modified ..... 12 & 23
Youth Intake Form from the Texas Christian University Adolescent Instrument Package 14

AADAC

Alberta Alcohol and Drug Abuse Commission
An Agency of the Government of Alberta

For more information, contact
your local AADAC office,call 1-866-33AADAC
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ISBN 0-7785-3256-9